Dr Fox March 24 1818

An Inaugural Dissertation

on Rheumatism.

Non ignarus mali, miseris succurrere disco.

Practical writers generally agree, in ascribing rheumatism to improper exposure to cold and the few cases which have come within the limits of my observation, evidently serve to corroborate the fact.

In consequence of the changes and vicissitudes of weather, incident to many parts of our country, the rheumatism frequently occurs, and holds its rank among the most formidable of the diseases, which require the skill and attention of the practitioner.

Nosologists have divided rheumatism, into acute and chronic, I shall first treat of the acute, which generally precedes the latter, and to which our attention is consequently called. It generally makes its attack upon the joints; sometimes shooting along the course of the muscles, from one to another: The larger joints are most gen-

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erally affected; though in the more aggravated cases, the smaller do not escape.

The disease for the most part, is ushered in with a cold stage, which is soon succeeded, by other symptoms of pyrexia, particularly a frequent, full, and hard pulse. The pains at this stage, affect several joints at the same time, and much pain is also produced by motion; they however frequently change their places & having abated in one joint, become more violent in another; and again they will return to the parts first affected: in this way the disease often continues for a long time.

An exacerbation of the fever, generally comes on in the evening, and is most considerable during the night. The pains also become more violent. The joints which have been much affected, commonly swell, become somewhat red and are painful to the touch. In this state the patient generally feels an alleviation of pain. The urine is highly colored in the beginning, without sediment; but as the remission of fever becomes more considerable, the urine deposits a pink col-

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cured sediment. The skin is generally hot to the touch, though often moist and emits an acid effluvia, which appears to be peculiar to the disease, and considered by some practitioners, as a characteristic symptom. The tongue is generally furred and rather moist. The blood has an inflammatory appearance.

Rheumatic inflammation appears to be sui generis -- for although, it often continues a considerable length of time; yet it has seldom, or never, been known, to terminate in suppuration, or death.

In many of its forms rheumatism resembles gout, and has in some instances been mistaken for it.

By particular attention to the symptoms & causes of the two diseases, we are generally able to draw a line of distinction. Rheumatism generally arises from exposure to cold; whilst gout arises evidently from a different cause. Rheumatism has no premonitory symptoms; but gout usually has.

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in the smaller joints. There is also a difference in the appearance of rheumatic and gouty limbs; the former have not so red a colour as the latter. Rheumatism remits & intermits regularly; gout does not. Lastly, - Gout is acknowledged by many to be a gastric affection, rheumatism is not.

Having briefly enumerated some of the most prominent symptoms, which characterise acute rheumatism, and the way by which we can distinguish it from gout; by a natural transition, we pass to the delineation of that mode of practice, which experience has taught, to be best calculated to effect a cure.

As we conceive it principally to consist in a highly inflammatory state of the parts affected, together with an inflammatory diathesis, the practice should necessarily be very much directed, as in other inflammatory diseases. An antiphlogistic regimen should be strictly enjoined; the patient should not be permitted to indulge in the use of animal food, or any kind of stimulating liquor; substituting for

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there a low vegetable diet, and mild diluent drinks.

The lancet is undoubtedly the most powerful assailant, with which we can attack this disease; when early & judiciously employed, its beneficial effects are unquestionably great; nor should it be restricted (as some practitioners have contended, with no little degree of pertinacity) to the first two or three days.

The strength & state of the patient, are, however, circumstances we should not lose sight of. There are no doubt some cases in which V. Sect. should be sparingly, if at all prescribed, after the first three days; but these are comparatively rare; particularly in the middle & northern sections of our country. The advocates for restricted bleeding, suppose that chronic rheumatism, when it succeeds the acute, is generally the consequence of too much depletion. This I doubt and on the contrary believe it is often the consequence of not using the lancet to a sufficient extent; particularly in the early stages. I once visited a young lady with my preceptor, who had been confined to her bed for

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ten days, with a most violent and obstinate attack of acute rheumatism. Every joint in her extremities, appeared to be more or less affected, and so sore, that the least touch gave her pain. She had lost 140 oz. of blood and been purged several times, notwithstanding, her pulse was sufficiently strong when I saw her, to lose ℥x blood. She happily recovered without experiencing many of those chronic pains, which have been supposed to be so often the consequence of copious V. Sect.

Several other cases I could relate on good authority, in which the lancet has been extensively used, with singular utility; but a fact so well established needs no further confirmation.

As auxiliary to the lancet, purgatives should certainly be employed, their utility have been evinced in very many cases, and indeed there are some practitioners who consider purging, equally important with the lancet.

The saline purges should be preferred, after having evacuated the intestines, with a mercurial purge, for the purpose of expelling any feculent matter, which may be

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contained in them. When by the use of the above mentioned remedies, the system is reduced to what is denominated the sweating point, we will find diaphoretics a most useful assistant in effecting a cure. The antimonial preparations should be preferred in the beginning: but the Dover's powder will be found infinitely more efficacious, when the disease has assumed more of a chronic form.

But in order to be effectual, sweating, when once produced, should be continued for 24 or 36 hours. If for a shorter period, we are often disappointed in producing the effect for which our medicine was intended. But while we are employing general remedies, we must not overlook the local inflammation. The pain of the affected part, is sometimes highly excruciating: we are therefore called upon to remove it, as speedily as possible.

Among the various remedies which have at different times been prescribed, none perhaps afford more relief to the patient, than local bloodletting, either by leeches, or cupping. This remedy, however, does not always

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succeed in affording relief, and when it does not, the application of blisters will be found eminently useful. I have never seen them applied without removing the pain: it is necessary in some cases to keep up a discharge for sometime.

Dr. G. Fordyce informs us in his third dissertation on fever, of a new remedy which in his hands, has proved highly efficacious, I mean the Peruvian bark; for fifteen years he had entirely abandonned the use of the lancet and trusted exclusively to the bark; and that he had not lost above two or three patients, although he treated several hundreds who labouered under it in this way: he further says, that when he practised bleeding largely in acute rheumatism, metostases were very apt to take place and destroy the patient. That this mode of practice may have been attended with success in the hands of Dr. Fordyce, I will not pretend to deny. But venture to assert that no practitioner in this country, has ever found a case of inflammatory rheumatism, in which peruvian bark has proved of such singular utility; so far from

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being a valuable remedy, I consider it dangerous. For though it may prevent metastases yet consequences more injurious may result from its use. I have however heard of but few cases of metastases occurring in this country in consequence of V.S. though in many cases it has been extensively employed. There is a kind of rheumatism incident to low marshy countries, which in many of its forms, resembles intermittent fever, and is generally supposed to arise from the same cause. A similar mode of treatment has been pursued with success, and here the cinchona proves a valuable medicine; perhaps Dr. F. has been mostly in the habit of contending with this kind of rheumatism. Dr. Haygarth has adopted his mode of practise with some degree of modification but I believe the latter kind of practice would be found to be improper in this country.

I shall mention one more medicine, which has been highly recommended in acute rheumatism; I mean the digitalis. Drs. Thomas and other practitioners of respectability have spoken of it in favorable terms.

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Dr. E. B. Coper published a case*, in which he gave it with effect, to a strong robust healthy looking man, labouring under the acute disease in a highly inflammatory form. I have no experience of the medicine myself; but from the great power which it has in reducing the action of the heart & arteries, it may prove serviceable in rheumatism; though in my opinion it never should be trusted, when the lancet is admissible.

Having mentioned the principal remedies which have been employed in the cure of acute rheumatism, we pass by a very natural transition, to the consideration of the Chronic form, and the remedies which appear best calculated to effect a cure.

I have already observed, that it generally succeeds the acute disease; though sometimes we find it original. In whatever way it may occur, the treatment should be the same. Should it succeed the acute rheumatism, the exact time at which it takes place, is not always easily determined.

The Chronic form may, however, be considered as

*Vide 5 vol. medical repository

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having taken place when the inflammatory symptoms have subsided; though the pain still continues.

In the treatment of Chronic rheumatism, various are the remedies which have been prescribed, and perhaps all have succeeded, more or less, in effecting a cure.

I shall proceed to mention chiefly those medicines, which have been administered within the limits of my own observation, and with desired effect. Purgatives, which we mentioned as highly useful in acute rheumatism, will be found also serviceable in the chronic form, particularly when there appears to be a phlogistic diathesis of the arterial system. They quiet (says professor Chapman) the mobility of the arterial system, and diffuse over the whole body, the excitement which had been confined, or pent up in the bloodvessels. Why should they not prove serviceable, when we sometimes see the disease effectually relieved by the occurrence of dysentery? I know a gentleman, subject for a considerable time to chronic rheumatism, who informed me, that his disease was entirely removed, by the occurrence of a spontaneous diarrhoea.

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No one remedy however is sufficient to cure the complaint under all circumstances, and purgatives must sometimes be laid aside for medicines of a different kind, I mean diaphoretics, these have been very extensively employed in our country, and if administered at the proper time, have often proved useful. The more stimulating diaph: have generally been preferred, as the dover's powder, gum guaiacum, juniperus sabina, &c. The last of these medicines, which was first employed by professor Chapman, is certainly entitled to our particular attention. My experience is exceedingly limited. The first case in which I saw this medicine, was a man of about eight and twenty years of age. He was attacked with inflammatory rheumatism (whilst a soldier in the army during the American war) which he believed had been improperly treated, and finally terminated, in a chronic state, of a very obstinate nature. When I saw him, he had been suffering with a chronic pain for twelve months, and complained of much weakness and debility. He was considerably reduced in flesh, so much so, that

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he declared, that he did not weigh by one third, as much as he had, two years before, when in perfect health. He having heard of the Sabina as a highly efficacious medicine in the cure of his disease, proposed that I should prepare him a few doses, which I did; but having never heard of Dr. Chapman's mode of prescribing it, I proposed that he should take 10 grs. twice a day, which he did, but finding himself no better on the fourth day, and not having been affected in any way by the medicine, I proposed that he should take it three times a day, which was accordingly done, and the dose gradually increased to 15 grs. From this time until the tenth day he declared himself free from pain, than he had been for several months; but complained occasionally of a burning sensation on the skin, and a disagreeable feeling in his breast and stomach, which he attributed to the Sabina, and consequently determined to desist its further use. He remained free from pain for some time after its discontinuance; but on exposing himself to inclement weather, his

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disease in part returned. Had he continued the use of the Sabina some time longer, there is not the least doubt on my mind, but he would have been permanently cured.

The next case in which I knew the Sabina to be given, was that of a young man, who had been afflicted for several years with chronic rheumatism. The case did not come immediately under my own observation, but the report of the patient was sufficient to induce me to believe, that his cure was alone to be attributed to the sabina.

Several other cases I could cite on very good authority, in which this medicine has proved highly serviceable; but there certainly requires (as Dr. Chapman very justly observes) a very nice discrimination in the selection of the proper cases in which we should employ it. Both the patients just mentioned, were considerably debilitated and reduced in flesh, when they commenced its use: one or two have reported unfavourably, who I believe employed it, at a time, when their

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systems were not in a proper situation. I think the flannel roller as recommended by Dr. Chapman, should always be employed in conjunction with the sabina. The rot. R.d Guaci I have also known prescribed with the happiest effects; it should be administered according to Dr. Chapman, in much larger doses than are generally prescribed: if the stomach will bear it, ℥j may be given on going to bed, followed by a copious draught of wine whey, I am sorry to say, this medicine (though much commendation has been bestowed upon it by some practitioners) has sometimes failed in producing the wished for effect. I know a gentleman (a graduate in the University of Pennsylvania) who was afflicted with chronic rheumatism, for several months, I believe I may say years, during which time he tried almost every sort of medicine which had been recommended in rheumatism, particularly the Guaiacum in all its forms, but without receiving much relief; as his last resort he confined himself to a vegetable diet for several months, the consequence was, he

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became entirely relieved from all his pains, and if my recollection serves me, has remained free for several years.

Unbruised mustard seed, sarsaparilla, Opium, sulphur, Oxyde of arsenic, mercury and several other remedies have been recommended; but speaking from my own experience, I should say but little for any except mercury. I have seen this medicine effect a cure more than once, when all others had failed. I shall however relate but one case, out of many, in which our medicine has effected a cure.

L. M. a man about 27 years of age, had been afflicted with chronic rheumatism, upwards of two years, during which time, he had resorted to many of the usual remedies, without receiving any benefit. I advised him, as his last resort, to try a salivation; to which he readily agreed; to my extreme satisfaction his gums had no sooner become affected, than the disease began to vanish, and in four or five weeks, he felt perfectly relieved from all his former symptoms.

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On Rheumatism

by Wm T. Minor

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Rejected Mar 27 1810